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CONFIRMATION NO. 2290

SERIAL NUMBER 09/522,184	FILING DATE 03/09/2000 RULE	CLASS 370	GROUP ART UNIT 3628	ATTORNEY DOCKET NO. 36941/CAG/B600
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** CONTINUING DATA ***** *g*

This application is a CIP of 09/493,458 01/28/2000 PAT 6,549,587
 which is a CIP of 09/454,219 12/09/1999 PAT 6,882,711
 which claims benefit of 60/154,903 09/20/1999
 This application 09/522,184
 claims benefit of 60/156,266 09/27/1999
 and claims benefit of 60/157,470 10/01/1999
 and claims benefit of 60/160,124 10/18/1999
 and claims benefit of 60/161,152 10/22/1999
 and claims benefit of 60/162,315 10/28/1999
 and claims benefit of 60/163,169 11/02/1999
 and claims benefit of 60/163,170 11/02/1999
 and claims benefit of 60/163,600 11/04/1999
 and claims benefit of 60/164,379 11/09/1999
 and claims benefit of 60/164,690 11/10/1999
 and claims benefit of 60/164,689 11/10/1999
 and claims benefit of 60/166,289 11/18/1999
 and claims benefit of 60/171,203 12/15/1999
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 and claims benefit of 60/178,258 01/25/2000

** FOREIGN APPLICATIONS ***** *g*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/26/2000

Foreign Priority claimed

<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CANADA	SHEETS DRAWING 34	TOTAL CLAIMS 70	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	Verifier and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Voice and data exchange over a packet based network

FILING FEE RECEIVED 2390	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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